

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/19/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000203356

INSTALLATION NAME:

BP WEST COAST PRODUCTS - BP 48361

INSTALLATION ADDRESS:

1105 60TH ST UNIT A **BROOKLYN, NY 11219**

MAILING ADDRESS:

PO BOX 80249 RANCHO SANTA MARGARITA, CA 92688

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: BP WEST COAST PRODUCTS - BP 48361

or Current Occupant

ATTN: MARK OKAMOTO

PO BOX 6038 ARTESIA, CA 90702 2:00

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OMB# 2050-0024; Expires 12/31/2014



VIRONMENTAL PROTECTION

United States Environmental Protection Agency
CRA SUBTITLE C SITE IDENTIFICATION

2013 0CT 17 P b: 51 SEND COMPLETED FORM TO: The Appropriate RCRA SUBTITLE C SITE IDENTIFICATION FORM BRANCH State or Regional Office. Reason for Reason for Submittal: Submittal To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☐ To provide a Subsequent Notification (to update site identification information for this location) MARK ALL BOX(ES) THAT As a component of a First RCRA Hazardous Waste Part A Permit Application **APPLY** As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) MYIRIO0012101311315161 Site EPA ID **EPA ID Number** Number **Site Name** Name: BP 48361 Street Address: 1105 60th STREET, UNIT A **Site Location** Information County: KINGS City, Town, or Village: BROOKLYN Country: USA State: NY Zip Code: 11219 ✓ Private Other **Site Land Type** County District Federal Municipal State NAICS Code(s) A. C. for the Site (at least 5-digit В. D. codes) Street or P.O. Box: PO BOX 80249 7. Site Mailing **Address** City, Town, or Village: RANCHO SANTA MARGARITA State: CA 92688 USA Country: Zip Code: First Name: MARK **OKAMOTO** MI: **Site Contact** Last: Person Title: ENVIRONMENTAL COMPLIANCE SPECIALIST Street or P.O. Box: PO BOX 6038 City, Town or Village: ARTESIA Country: USA Zip Code: 90702 State: CA Email: mark.okamoto@bp.com Phone: 723-743-0901 Ext.: Fax: Date Became 11/13/1970 A. Name of Site's Legal Owner: BP WEST COAST PRODUCTS 9. Legal Owner Owner: and Operator of the Site Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: PO BOX 6038 City, Town, or Village: ARTESIA Phone: 714-670-3928 Country: USA Zip Code: 90702 State: CA Date Became 11/13/1970 B. Name of Site's Operator: BP WEST COAST PRODUCTS Operator: Operator

District

County

Tribal

Federal

Municipal

Type:

✓ Private

State

Other

| Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed. A. Hazardous Waste Activities; Complete all parts 1-10. 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material. D | EPA ID Number | OMB#: 2050-0024; Expires 12/31/2014 | | | | | | |
|---|---|---|--|--|--|--|--|--|
| 1. Generator of Hazardous Waste ff "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ ks. mark all that apply. □ ks. mark all tha | 10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed. | | | | | | | |
| If "Yes", mark only one of the following – a, b, or c. □ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo,) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material. □ b. SQG: 100 to 1,000 kg/mo (220 −2,200 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. □ c. Short-Term Generator activities in 2-4. □ N □ 3. United States Importer of Hazardous Waste □ b. Transfer Facility (at your site) □ b. Transfer Facility (at your si | A. Hazardous Waste Activities; Complete all parts 1-10. | | | | | | | |
| C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities in 2-4. Y N ✓ 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. Y N ✓ 3. United States Importer of Hazardous Waste Y N ✓ 9. Underground Injection Control Y N ✓ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", | If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material. b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non- | If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. | | | | | | |
| If "Yes" above, indicate other generator activities in 2-4. Y | c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute | If "Yes", mark all that apply. | | | | | | |
| A. Mixed Waste (hazardous and radioactive) Generator A. Mixed Waste (hazardous and radioactive) Generator A. Mixed Waste (hazardous and radioactive) Generator A. Mixed Waste (hazardous waste from Of site B. Universal Waste Activities; Complete all parts 1-2. Y | Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an | Exemption b. Smelting, Melting, and Refining | | | | | | |
| B. Universal Waste Activities; Complete all parts 1-2. Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", | Y N 3. United States Importer of Hazardous Waste | Y N ✓ 9. Underground Injection Control | | | | | | |
| Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", | A Missad Wests (horsesdave and rediscretive) Consenter | Y N 10. Receives Hazardous Waste from Offsite | | | | | | |
| 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", | B. Universal Waste Activities; Complete all parts 1-2. | C. Used Oil Activities; Complete all parts 1-4. | | | | | | |
| | accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", | If "Yes", mark all that apply. a. Transporter | | | | | | |
| b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. If "Yes", mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Specification Used Oil to Off-Specification Used Oil Burner | b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) | a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used | | | | | | |

| EP | A ID Number | | | | OIVID# | . 2000-0024, Expi | 120112014 | |
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| D. | | emic Entities with L lant to 40 CFR Part | .aboratories—Notifi 262 Subpart K | cation for opting in | to or withdrawing fr | om managing labor | atory hazardous | |
| | You car | ONLY Opt into Sub | part K if: | | | | | |
| | you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND | | | | | | | |
| | • you l | nave checked with yo | our State to determine | e if 40 CFR Part 262 | Subpart K is effective | in your state | | |
| you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: | | | | | | | | |
| | □a | . College or Universi | ity | | | | | |
| | Пь | . Teaching Hospital | that is owned by or h | as a formal written af | filiation agreement w | ith a college or unive | rsity | |
| | b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university C. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university | | | | | | | |
| Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories | | | | | | | | |
| 11. | Description of | of Hazardous Waste | | | | | | |
| A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. | | | | | | | | |
| | D001 | **** | | | | | | |
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| B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed. | | | | | | | | |
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| EPA ID Number | OMI | B#: 2050-0024; Expires 12/31/2014 | | | | | |
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| 12. Notification of Hazardous Secondary Material (HSM) Activity | | | | | | | |
| Y Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)? If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary | | | | | | | |
| Material. 13. Comments | | | | | | | |
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| 4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11). | | | | | | | |
| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyyy) | | | | | |
| Myll Old | Mark Okamoto | 9/30/13 | | | | | |
| / | Environmental Compliance Specialist | , , | | | | | |
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